Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No. NM 105189

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMI	T" for such proposals	
		7. If Unit or CA, Agreement Designation
SUBMIT IN TRI	PLICATE O COLOR ON	
1. Type of Well	() () () () () () () () () ()	0.00
☐ Oil X Gas ☐ Other		3/8. Well Name and No.
2. Name of Operator		Byrne Federal 24-1%
D.J. Simmons Co.		9. API Well No.
1009 Ridgeway Place. Suite 200, Farmington NM 87401 (505) 326-3753		3003927556 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		West Lindreth Gallup / Blanco MV
Surface Location: 1623' FNL x 956' FWL, Section 24, T25N, R3W		11. County or Parish, State
BHL: 1902' FNL x 2160' FWL, Section 24		Rio Arriba County, NM
CVPCV APPROPRIATE POV A TO H	VIDICATE MATURE OF NOTICE PER	DE OR OWNER PARA
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION		
TIPE OF SUBMISSION		
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
□ Nouce of intent	\square Recompletion	☐ New Construction
	☐ Plugging Back	\square Non-Routine Fracturing
X Subsequent Report	☐ Casing Repair	☐ Water Shut-Off
ļ	Altering Casing	\square Conversion to Injection
☐ Final Abandonment Notice	${f X}$ Other Completion Operation	s Dispose Water
	completion on Well	(Note: Report results of multiple
	Log form.)	Completion or Recompletion Report and
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depth for all markers and zones pertinent to this work.)*		
Attached are the completion reports for the above referenced well. (ATTACKMENT 3 M + 12)		
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14. I hereby certify that the foregoing is true and corr	rect	
Signed Lobe R-	Title Operations Manager	Date: 8/10/04
Robert R. Griffee		
(This space for Federal or State office use)		
Approved by		
Conditions of approval, if any:		